

| Type of Health | Report Name | Relevant Recommendations |
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| Behavioural Health | DBHDS (2011): A Plan for Community-Based Children's Behavioral Health Services in VA | <p>1) Define and promote through DBHDS the full comprehensive service array as the goal for children's behavioral health services in every community; this would allow for children across Virginia communities to be served closer to home; earlier interventions would lessen the severity of conditions and strengthen community and family supports, as well as create better collaboration between other agencies that also provide services. 2) Expand the array and capacity of services to assure a consistent base level of services for children and families statewide; consider having contracts or private entities who could provided: mobile child crisis response services, in-home crisis stabilization support services, emergency respite care placement services and/or crisis stabilization unit(s) for children; create funding for Case Management and Intensive Care Coordination; increase/ have greater availability in psychiatric services and in-home services. 3) Establish a children's behavioral health workforce development initiative to be organized by DBHDS. 4) Continue the current role of the Commonwealth Center for Children and Adolescents (CCCA) for the foreseeable future, and until more adequate community-based services are in place. 5) Establish quality management mechanism to improve access and quality in behavioral health services for children and families; improve quality and accountability in the provision of Medicaid services- DBHDS should continue active involvement with DMAS.</p> |
| Behavioural Health | Early Childhood Mental Health Policy Summit Recommendations (2012) | <p>1) Integrating Early Childhood mental health into the children's mental health "system of care" in Virginia: 1- Universal screening and earlier interventions, certification/endorsement in mental health in part C and other early childhood programs, a single point of entry for early childhood mental health. 2) Financing and sustaining the early childhood mental health system in Virginia, 1: review available data to inform work, results from CSB ECMH survey, review JMU fiscal analysis, 2: do a comprehensive financial scan of ECMH, decide on format of financial document (simple, integrity), 3: consider social emotional component in VSQI, 4: embed social emotional component in other areas, 5: training on social emotional topic, 6: Medicaid and insurance providers, look at ways insurance providers and Medicaid can support more services such as a prevention model in addition to treatment, need a continuum of service delivery and reimbursement options to support ECMH. 3) Supporting the family and the parent/child/provider relationships in Virginia, 1: universal strategy, information and screening/assessment on social emotional development for all parents, 2: targeted strategies, mental health screening in home visiting program, emphasize social emotional goals in part C and other early childhood program services, educate part C and other early childhood providers on how to identify and serve social emotional needs.</p> |

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| Behavioural Health | Voices for VA's Children (2011): Children's Mental Health in VA: System Deficiencies and Unknown Outcomes | 1) Overall better data collection in regards to children's mental health needs with a focus on children's outcomes-- there being no systematic effort currently in place to determine whether children receiving mental health treatment across the various systems are achieving positive outcomes is something that needs to be addressed as well. 3) Addressing ways to inconsistent use of research-based best practices. 4) more localities developing state-of-the-art systems of care for children with mental health disorders. 5) improving data collections a key element to analyzing system gaps and inefficiencies and working towards improved outcomes for children. |
| Behavioural Health | Voices for VA's Children (2012): Intensive In-Home Services for Children's Mental Health in VA: Time to Focus on Quality | 1) improve the consistency and quality of intensive in-home services in VA-- by developing VA's practice models and replicating existing models of excellence, 2) in addition, improving the quality of in-home services must be part of developing a more robust array of services to reduce over-reliance on IHS. 3) to ensure the services are leading to positive outcomes for kids and families, VA must develop outcome measure on well-being of youth served. 4) Finally, VA must be vigilant to ensure access to services through the transition to Medicaid care coordination. |
| Health | Virginia Board for People with Disabilities (2014): Assessment of the Disability Services System in Virginia | 1) Early intervention: to provide front-loaded supports that maximize positive outcomes for infant and toddlers and offer the highest potential for long-range cost avoidance, Virginia's early intervention services must be delivered at the earliest juncture possible. 2) Crisis intervention system that ensures service access regardless of diagnosis(as), type of disability, age, or locality of residence; crisis services for children should be developed and implemented without delay. 3) Develop a strategy to eliminate the institutionalization of individuals under the age of 21 and task the DMAS and the DBHDS with the responsibility to develop processes that ensure adequate service are provided to these youth and their families. |
| Health | Joint Commission on Health Care (2012) Shaken Baby Syndrome and Abusive | 1) Departments of Health, Social Services, Behavioral Health & Developmental Services, Rehabilitation Services and Education collaborate with other public and private sector stakeholders to identify current best practices, state-wide programs, surveillance and data, initiatives and interventions dedicated to addressing infant mortality in Virginia. |
| Health | Joint Commission on Health Care (2010) Opportunities for Early Identification and Preventive Care for | 1) Department of Medical assistance services report to JCHC regarding recommended options for addressing the chronic care needs of Virginia's Medicaid and FAMIS enrollees. 2) Request that the Department of Human Resources Management report to JCHC regarding the costs and benefits of the recently implemented COVA Connect pilot program for State programs. |

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| Health | Prevent Child Abuse VA (2012) Healthy Families VA: Statewide Evaluation | 1) Restore the almost \$200,000 dollar funding cuts that the Healthy Families Virginia initiative experienced during FY2011-FY2012 2) Foster high-quality programs that are capable of producing strong outcomes by providing full-time funding for all of the technical assistance/quality assurance staff 3)Strengthen families by connecting and reconnecting father with their children to promote safe, stable, and successful families. 4) Conduct an epidemiological study to estimate the number of participating mothers who are experiencing depression and begin to understand the impact of depression on parenting and home visiting service delivery. |
| Health | VDH 2015 Maternal and Child Health Block Grant | Conduct a statewide needs assessment every five years that shows the need for 1) preventive and primary care services for pregnant women, mothers and infants; 2) preventive and primary care services for children; and 3) family-centered, community-based services for children with special health care needs and their families. Maintain or make available a state toll-free number to provide parents with information about health care providers who provide services under Title XIX and other relevant health related information. |
| Health, Behavioural Health | Early Childhood Advisory Council (2013) Family Support and Wellness Task Force | <p>4. Promote and utilize service delivery improvements which maximize resources and minimize overlap in administrative costs.</p> <p>a. Examples- Central referral/intake for home visiting; Expand the service area of existing programs into unserved geographic areas in lieu of creating brand new programs</p> <p>5. Enhance family/child level information sharing across agencies and programs for referrals and initiating services.</p> <p>a. Create a workgroup to identify points of entry, gaps in service provision, lack of interconnectedness</p> <p>b. Identify strategies to improve documentation/data sharing across agencies and programs (ex. require standard core application/enrollment form for all state funded services)</p> <p>6. Incorporate cross-disciplinary education around physical, social/emotional, and behavioral health for medical and oral health care students, as well as in-service training for currently licensed health care providers.</p> <p>7. Integrate Early Childhood Mental Health Initiative & Infant Mental Health Competencies into the Children's Mental Health System of Care Plan, including universal screening and earlier interventions, certification/endorsement in Mental Health in Part C and other programs and single point of entry for early childhood mental health.</p> <p>8. Review opportunities to integrate children's mental health data with other data systems, collaborate to identify a consistent set of key early childhood mental health data indicators and identify means of implementing integrated data collection.</p> |

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| Health | 2015 Early Childhood Unified Agenda | Fully fund comprehensive home visiting programs, CHIP of Virginia and Healthy Families. Despite successes helping families gain employment and meet children's developmental needs, our statewide home visiting network only reaches 12% of need. Fully fund early intervention (IDEA Part C) for infants and toddlers with developmental delays. Each year local systems must balance budget decisions with providing timely access to developmental therapies. |
| Health | Joint Commission on Health Care (2013) Annual Report | JCHC Members were briefed on CHIP's activities and funding, as a result JCHC members introduced budget amendments to restore \$900,000 in state funding to CHIP that had been eliminated |